

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

0 1

3 1

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 208

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	2190847.18
(b) Cash on Hand at Beginning of Reporting Period .....	1528621.21	
(c) Total Receipts (from Line 19) .....	325957.88	2019938.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1854579.09	4210785.77
7. Total Disbursements (from Line 31) .....	18105.90	2374312.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1836473.19	1836473.19
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 208

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	162769.02	928796.94
(ii) Unitemized .....	68971.72	388968.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	231740.74	1317765.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	241740.74	1327765.60
12. Transfers From Affiliated/Other Party Committees .....	84040.00	655522.61
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	14637.54
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	19750.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	177.14	2262.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	325957.88	2019938.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	325957.88	2019938.59

## DETAILED SUMMARY PAGE

of Disbursements

4 / 208

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	305.90	13045.27	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	305.90	13045.27	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15300.00	144525.31	
24. Independent Expenditure (use Schedule E) .....	0.00	910324.50	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	500.00	1225.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	-500.00	-500.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	725.00	
29. Other Disbursements.....	2500.00	4692.50	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18105.90	2374312.58	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18105.90	2374312.58	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 208

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	241740.74	1327765.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	725.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	241740.74	1327040.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	305.90	13045.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	14637.54
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	305.90	-1592.27

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andy Van Pelt

Mailing Address 4000 Kruse Way Place  
Building 2, Suite 100

City State Zip Code  
Lake Oswego OR 97035-5545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation  
Director of Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18757859

Amount of Each Receipt this Period

22.50

**B.**

Full Name (Last, First, Middle Initial)

Ms. Andrea Easton

Mailing Address 258 Evergreen Road  
#4

City State Zip Code  
Lake Oswego OR 97034-3145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation  
Director of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.94

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18757860

Amount of Each Receipt this Period

10.94

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Ensslin

Mailing Address 1249 S. Cedar Crest Boulevard

City State Zip Code  
Allentown PA 18103-6202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lehigh Valley Health Netw-  
ork

Occupation  
Vice President, Gov't & Leg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 18769612

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

383.44

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Hoefer

Mailing Address 2404 Millwood Road

City

Virginia Beach

State

VA

Zip Code

23454-1730

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Sentara Healthcare

Occupation

Director of Surgical Services

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Transaction ID: 18769613

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Nancy Foster

Mailing Address 10005 Leafy Avenue

City

Silver Spring

State

MD

Zip Code

20910-1021

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Quality &amp; Patient Safe

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	1	0

Transaction ID: 18769615

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas P. Nickels

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Sr. Vice President, Federal Relations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Transaction ID: 18769620

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph L Woodin

Mailing Address P O Box 2000

City

Randolph

State

VT

Zip Code

05060-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gifford Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 1 0

Transaction ID: 18769623

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven H Lipstein

Mailing Address 10 Carrswold Drive

City

Clayton

State

MO

Zip Code

63105-2914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BJC HealthCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 18769628

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Ferniany, Ph.D.

Mailing Address 500 22nd Street South, Ste. 40

City

Birmingham

State

AL

Zip Code

35233-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAB Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 18769676

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Waldrum, M.D.

Mailing Address 619 19th Street South

City

Birmingham

State

AL

Zip Code

35249-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Alabama Hos-  
pital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 18769743

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Reid F Jones

Mailing Address 7634 Cottonridge Rd

City

Trussville

State

AL

Zip Code

35173-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAB Health System

Occupation

Executive -VP UAHSF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 18769744

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Tommy McDougal

Mailing Address 253 Cashaba Oaks Trail

City

Indian Springs

State

AL

Zip Code

35124-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical West

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 18769749

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jeanetta Corbett Keller

Mailing Address 3200 Salisbury Rd

City

Birmingham

State

AL

Zip Code

35213-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAB Health System

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Transaction ID: 18769753

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary W Pulsipher

Mailing Address 2727 McClelland Boulevard

City

Joplin

State

MO

Zip Code

64804-1626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John's Regional Medic-  
al Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	1	0

Transaction ID: 18770458

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin E Lofton, , FACHE

Mailing Address 1999 Broadway, Suite 4000

City

Denver

State

CO

Zip Code

80202-5703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catholic Health Initiati-  
ves

Occupation

President Emeritus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	1	0

Transaction ID: 18770533

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David T Underriner

Mailing Address 2690 Surrey Lane

City

West Linn

State

OR

Zip Code

97068-2268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Milwaukie Hosp-  
ital

Occupation

Interim Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18770547

Amount of Each Receipt this Period

16.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Linda Lang

Mailing Address 4000 Kruse Way Place #2-100

City

Lake Oswego

State

OR

Zip Code

97035-2543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation

Director of Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18779329

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric Buckland

Mailing Address 1945 Wagtail Ct. NW

City

Salem

State

OR

Zip Code

97304-2005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Salem Hospital

Occupation

Administrator & Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782737

Amount of Each Receipt this Period

175.00

**SUBTOTAL** of Receipts This Page (optional) .....

221.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Linda K Jones, RN, BS, MB

Mailing Address 2801 North Gantenbein Avenue

City

Portland

State

OR

Zip Code

97227-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Emanuel Hospital  
and Health Cen

Occupation

Hospital Nurse Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782742

Amount of Each Receipt this Period

175.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Cagen

Mailing Address 1235 NE 47th Avenue  
Suite 299

City

Portland

State

OR

Zip Code

97229-8087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health System

Occupation

Chief Executive Officer-Portland Area

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782762

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wayne Clark

Mailing Address 7555 SW Afton Lane

City

Tigard

State

OR

Zip Code

97224-7680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Health System

Occupation

VP, Community Relations & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782763

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Trent Green

Mailing Address 2211 Northeast 139th Street

City

Vancouver

State

WA

Zip Code

98686-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Health System

Occupation  
Senior VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782764

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marvin Haas

Mailing Address 2650 Siskiyou Blvd.

City

Medford

State

OR

Zip Code

97504-8170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Asante Health System

Occupation  
Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782772

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Timothy Herrmann

Mailing Address 1965 Alder Street

City

Eugene

State

OR

Zip Code

97405-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peace Harbor Hospital

Occupation  
Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782773

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Duncan Neilson

Mailing Address 17506 SE Walta Vista Dr

City

Milwaukie

State

OR

Zip Code

97267-5547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Health System

Occupation  
Clinical VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782774

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Karen M Shepard

Mailing Address 3266 Lake Wood Drive

City

Eugene

State

OR

Zip Code

97408-1601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Charles Health System,  
Inc.

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782775

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sonja Steves

Mailing Address 19300 SW 65th Avenue

City

Portland

State

OR

Zip Code

97062-9741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Salmon Creek Hospi-  
tal

Occupation  
Vice President Human Resources and Mar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782776

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Pamela S Vukovich

Mailing Address 1919 NW Lovejoy Street

City

Portland

State

OR

Zip Code

97209-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Health System

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782779

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Greg Van Pelt

Mailing Address 506 Second Avenue, Suite 1200

City

Seattle

State

WA

Zip Code

98104-2329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health & Services

Occupation

Vice President and Chief Regional Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782780

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anders Ramstad

Mailing Address 207 SE 112th Ave

City

Portland

State

OR

Zip Code

97216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Star Resources Group

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 18782781

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr David Blackmon

Mailing Address P O Box 129

City

Lawton

State

OK

Zip Code

73502-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comanche County Memorial  
Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18782817

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Davis

Mailing Address 4414 Manchester Court

City

Norman

State

OK

Zip Code

73072-3915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18782819

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Shelly Dunham

Mailing Address P O Box 489

City

Okeene

State

OK

Zip Code

73763-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Okeene Municipal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18782821

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

792.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. LaWanna S. Halstead, RN, MPH

Mailing Address 4000 Lincoln Boulevard

City

Oklahoma City

State

OK

Zip Code

73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

VP, Quality & Clinical Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18782824

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David E. Morton, Dr. P.H.,

Mailing Address 2825 Natchez Trail

City

Edmond

State

OK

Zip Code

73012-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18782828

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rick Snyder

Mailing Address 4000 Lincoln Boulevard

City

Oklahoma City

State

OK

Zip Code

73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

Vice President, Finance & Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18782831

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Winters

Mailing Address 7750 N Chisholm Hill Rd

City

Yukon

State

OK

Zip Code

73099-9134

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

VP Education &amp; Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	1	0

Transaction ID: 18782834

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas C. Dolan, Ph.D., FAC

Mailing Address 339 Cottage Hill

City

Elmhurst

State

IL

Zip Code

60126-3332

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American College of Health-  
care Executi

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	1	0

Transaction ID: 18789811

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Larry C. Bourne

Mailing Address 424 Autumn Oak Drive

City

Madison

State

MS

Zip Code

39110-9148

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HPI Company

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	1	0

Transaction ID: 18789835

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

770.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City

Jackson

State

MS

Zip Code

39211-2945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Asso-  
ciation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1132.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 18789836

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles L Denton

Mailing Address 960 Avent Drive

City

Grenada

State

MS

Zip Code

38901-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grenada Lake Medical Cent-  
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1093.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 18789839

Amount of Each Receipt this Period

216.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Randy King

Mailing Address 7601 Southcrest Parkway

City

Southaven

State

MS

Zip Code

38671-4739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Memorial Hospital-  
Desoto

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 18789844

Amount of Each Receipt this Period

5.50

**SUBTOTAL** of Receipts This Page (optional) .....

241.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Shawn Lea

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Asso-  
ciation

Occupation

VP for Strategic Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.90

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 18789845

Amount of Each Receipt this Period

17.09

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve Lesley

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Asso-  
ciation

Occupation

Director of Data Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.40

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 18789846

Amount of Each Receipt this Period

23.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marcella McKay, Ph.D.

Mailing Address 322 Helmsley Drive

City

Brandon

State

MS

Zip Code

39047-8159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Asso-  
ciation

Occupation

VP Nursing/CEO MHA Health, Research &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 18789847

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

290.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clark R. Cosse, III

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-8409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louisiana Hospital Associ-  
ation

Occupation

Chief Governmental Officer & Legal Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18789988

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth E. Alexander

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louisiana Hospital Associ-  
ation

Occupation

VP, Quality and Regulatory Activities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18789989

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wayne M Arboreaux

Mailing Address 135 Highway 402

City

Napoleonville

State

LA

Zip Code

70390-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Assumption Community Hosp-  
ital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18789990

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Coletta Barrett, RN, MHA

Mailing Address 5000 Hennessy Boulevard

City

Baton Rouge

State

LA

Zip Code

70808-4375

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Our Lady of the Lake Regional Medical

Occupation

Vice President of Mission

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18789991

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Louis H Bremer, Jr.

Mailing Address P O Box 1901

City

Monroe

State

LA

Zip Code

71210-1901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Francis Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18789992

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Bridwell

Mailing Address 9521 Brookline

City

Baton Rouge

State

LA

Zip Code

70809-1431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Louisiana Hospital Association

Occupation

Vice President of Healthcare Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18789993

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Tatsy Jeter

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louisiana Hospital Associ-  
ation

Occupation

Senior VP, Finance & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18789994

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark E Marley, , FACHE

Mailing Address P O Box 2009

City

Natchitoches

State

LA

Zip Code

71457-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Natchitoches Regional Med-  
ical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18789995

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Karen Mixon, RN, MSHA

Mailing Address 1635 Marvel Street

City

Coushatta

State

LA

Zip Code

71019-9022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRISTUS Coushatta Health  
Care Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18789996

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Phyllis Peoples, , MSN, R.N

Mailing Address P O Box 6037

City

Houma

State

LA

Zip Code

70361-6037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Terrebonne General Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18789997

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Karen Sue Zoeller

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louisiana Hospital Associ-  
ation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790001

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lisa R. Lauve, RN, BSN

Mailing Address 3330 Masonic Drive

City

Alexandria

State

LA

Zip Code

71301-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRISTUS St. Frances Cabr-  
ini Hospital

Occupation

Regional Chief Nursing Executive and C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790002

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Dierdre Barfield, M.D.

Mailing Address 2105 Airline Drive

City

Bossier City

State

LA

Zip Code

71111-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRISTUS Schumpert Health  
System

Occupation

Vice President Medical Affairs and CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790003

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles D. Daigle

Mailing Address 8001 Youree Drive

City

Shreveport

State

LA

Zip Code

71115-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Willis-Knighton Medical  
Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790004

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. M. Bryan Day

Mailing Address 104 North Third Street

City

Alexandria

State

LA

Zip Code

71301-8581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Promise Hospital of Baton  
Rouge

Occupation

Senior Vice President Eastern Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790005

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Cindy L. Dolan, CPA

Mailing Address P.O. Box 40318

City

Baton Rouge

State

LA

Zip Code

70816-8359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HSLI

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790006

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Glenn Landry

Mailing Address P.O. Box 40318

City

Baton Rouge

State

LA

Zip Code

70835-0318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LHA Trust Funds/HSLI

Occupation

Executive VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790007

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr David Mak

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Charles Memorial Hos-  
pital

Occupation

Vice President of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790008

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Mouisset

Mailing Address 308 Stelly Rd.

City

Carencro

State

LA

Zip Code

70520-5329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ShareCor

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790009

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John C Neal

Mailing Address P O Box 1670

City

Kinder

State

LA

Zip Code

70648-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allen Parish Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790010

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Leif Pedersen

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Charles Memorial Hos-  
pital

Occupation

SeniorVP-Philanthropy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790011

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Steckler

Mailing Address 2450 Severn Avenue, Suite 210

City

Metairie

State

LA

Zip Code

70001-6942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ShareCor

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790012

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Deborah White

Mailing Address 3330 Masonic Drive

City

Alexandria

State

LA

Zip Code

71301-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRISTUS St. Frances Cabr-  
ini Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18790013

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Maureen Banks, RN, MS, MB

Mailing Address 42 Middlebury Lane

City

Beverly

State

MA

Zip Code

01915-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spaulding Hospital for Co-  
ntinuing Medi

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 18790041

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sean McKibben

Mailing Address 44 Blaine Avenue

City

Cleveland

State

OH

Zip Code

44146-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals Bed-  
ford Medical C

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790069

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Cliff J. Coker

Mailing Address 11470 Euclid Avenue  
Suite 32

City

Cleveland

State

OH

Zip Code

44106-3938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John West Shore Hospi-  
tal

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790070

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Keith E. Maitland

Mailing Address 31415 Tuttle Drive

City

Bay Village

State

OH

Zip Code

44140-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospital

Occupation  
President, UH Home Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790071

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert David

Mailing Address 870 West Main Street

City

Geneva

State

OH

Zip Code

44041-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals Gene-  
va Medical Ce

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790072

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Catherine Koppelman

Mailing Address 3033 Crafton Road

City

Beachwood

State

OH

Zip Code

44122-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790139

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Elizabeth Demarco Novak

Mailing Address 3531 Thornapple Lane

City

Pepper Pike

State

OH

Zip Code

44124-5539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals Case  
Medical Cent

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790142

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Robin Rowell-Leinweber

Mailing Address 4337 Parklawn Drive

City

Willoughby

State

OH

Zip Code

44094-7936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals Case  
Medical Cent

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	1	0

Transaction ID: 18790143

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jane Dus

Mailing Address 21872 Eaton Rd

City

Fairview Park

State

OH

Zip Code

44126-2312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals Case  
Medical Cent

Occupation

Vice President, Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	1	0

Transaction ID: 18790167

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Nancy Tinsley

Mailing Address 20348 Kylemore Dr

City

Strongsville

State

OH

Zip Code

44149-0939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	1	0

Transaction ID: 18790177

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Bridget A. Gargan

Mailing Address 54 West Weisheimer Road

City

Columbus

State

OH

Zip Code

43214-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Vice President, State Policy &amp; Advocac

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	1	0

Transaction ID: 18790191

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce James

Mailing Address 101 Poolside Ln

City

Dover

State

OH

Zip Code

44622-9565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	1	0

Transaction ID: 18790193

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Don F. Paulson

Mailing Address 13425 Longspur Ct.

City

Valley View

State

OH

Zip Code

44125-5449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospital

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	1	0

Transaction ID: 18790200

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Archilles A. Demetriou, MD

Mailing Address 1954 Epping Road

City

Gates Mills

State

OH

Zip Code

44040-9680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790201

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alan Perkins

Mailing Address 30210 Wolf Rd

City

Bay Village

State

OH

Zip Code

44140-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospital

Occupation  
Director, EMR Project Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790210

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas F Zenty, III

Mailing Address 11100 Euclid Avenue

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790214

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Dziedzicki

Mailing Address 3483 Lexington Lane

City

Brunswick

State

OH

Zip Code

44212-1883

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals Case  
Medical Cent

Occupation

Chief Support Services Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	1	0

Transaction ID: 18790231

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Purnell

Mailing Address 835 Medical Center Drive

City

West Point

State

MS

Zip Code

39773-9320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Mississippi Medical  
Center-West

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	1	0

Transaction ID: 18790243

Amount of Each Receipt this Period

315.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Robert Bray

Mailing Address 3101 Garland Dr

City

Portsmouth

State

VA

Zip Code

23703-4525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bon Secours-DePaul Medical  
Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	1	0

Transaction ID: 18790264

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1165.50

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brian Gradle

Mailing Address 400 Great Falls St

City

Falls Church

State

VA

Zip Code

22046-2608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bon Secours-Richmond Comm-  
unity Hospita

Occupation

Vice President Corporate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	1	0

Transaction ID: 18790266

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. R Edward Howell

Mailing Address P O Box 800809

City

Charlottesville

State

VA

Zip Code

22908-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Virginia Me-  
dical Center

Occupation

Vice President and Chief Executive Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	1	0

Transaction ID: 18790267

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Senior VP, Commc. &amp; Health Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	1	0

Transaction ID: 18790272

Amount of Each Receipt this Period

48.09

SUBTOTAL of Receipts This Page (optional) .....

598.09

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City

Jefferson City

State

MO

Zip Code

65109-9782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790280

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Waye

City

Jefferson City

State

MO

Zip Code

65101-8284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790284

Amount of Each Receipt this Period

48.09

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerry M. Sill

Mailing Address 2906 Valley View Terrace

City

Jefferson City

State

MO

Zip Code

65109-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Senior Vice President & General Counse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790286

Amount of Each Receipt this Period

48.09

**SUBTOTAL** of Receipts This Page (optional) .....

158.68

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert E Simpson, Jr., DSW,

Mailing Address P O Box 803

City

Brattleboro

State

VT

Zip Code

05302-0803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brattleboro Retreat

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: 18790303

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	1	0

Transaction ID: 18790307

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Spiridon Hatiras

Mailing Address 35 Magnolia Avenue

City

Jersey City

State

NJ

Zip Code

07306-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hoboken University Medical  
Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	1	0

Transaction ID: 18790310

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

620.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gerard J Jablonowski

Mailing Address 8 Jacqueline Place

City

Sewell

State

NJ

Zip Code

08080-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Francis Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790311

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Virginia Newman Littell

Mailing Address 49 Church Street  
P.O. Box 328

City

Franklin

State

NJ

Zip Code

07416-0328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Clare's Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790313

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary L. Long

Mailing Address 2 Meadowview Drive

City

Shamong

State

NJ

Zip Code

08088-8596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virtua Health

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790314

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Ninfa M. Saunders

Mailing Address 120 Muirfield Court

City

Moorestown

State

NJ

Zip Code

08057-3954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virtua Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790320

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Wayne C Schiffner

Mailing Address 158 Hearthstone Drive

City

Berlin

State

NJ

Zip Code

08009-9550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Jersey Healthcare

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 18790321

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Angle

Mailing Address 1176 Lake Point Cove

City

Pittsgrove

State

NJ

Zip Code

08318-9184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Hospital of Salem  
County

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790323

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City

Manasquan

State

NJ

Zip Code

08736-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790325

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kimberly A. Champi Krenik

Mailing Address 605 Upland Place

City

Alexandria

State

VA

Zip Code

22301-2743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790326

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jessica Cohen

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790328

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

1520.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790329

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary A. Ditri

Mailing Address 9 Jumping Brook Drive

City

Neptune

State

NJ

Zip Code

07753-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790331

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790332

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Alice J. Guttler

Mailing Address 7 Ambrosia Way

City

Freehold

State

NJ

Zip Code

07728-4020

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CentraState Healthcare Sy-  
stem

Occupation

Senior Vice President and Corporate Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: 18790335

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: 18790336

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: 18790338

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790339

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Keough

Mailing Address 23 Nelson Drive

City

Barneget

State

NJ

Zip Code

08005-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President, Health Information Mgm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790340

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steve E. Krebs

Mailing Address 73 Tindall Rd

City

Robbinsville

State

NJ

Zip Code

08691-2508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Director, Conference Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790341

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790342

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marc H Lory

Mailing Address 20 Farmingham Road

City

Ocean

State

NJ

Zip Code

07712-7920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meridian Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790343

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kerry A. McKean-Kelly

Mailing Address 40 Imlaystown Road

City

East Windsor

State

NJ

Zip Code

08520-6209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790344

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

1010.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City

Freehold

State

NJ

Zip Code

07728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790346

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Joann M. Morgano

Mailing Address 7 Cottonwood Drive

City

Lumberton

State

NJ

Zip Code

08048-5297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Director, Marketing & Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790347

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sally Roslow

Mailing Address 21 Sparrow Walk

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

VP Development & Trustee Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 18790349

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: 18790350

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin J. Slavin, ESQ

Mailing Address 360 Lafayette Street

City

Hackettstown

State

NJ

Zip Code

07840-1919

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
East Orange General Hospi-  
tal

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: 18790351

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia A. Sorg

Mailing Address 33 Second Street

City

Hopewell

State

NJ

Zip Code

08525-2014

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Assistant to President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: 18790352

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

520.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Hospital As-  
sociation

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 18790450

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Hospital As-  
sociation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 18790451

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sandra B Bruce

Mailing Address 7435 West Talcott Avenue

City

Chicago

State

IL

Zip Code

60631-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurrection Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 18790455

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

863.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alan H Channing

Mailing Address 1401 S California Boulevard

City

Chicago

State

IL

Zip Code

60608-1858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schwab Rehabilitation Hos-  
pital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 18790457

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ann Errichetti, M.D.

Mailing Address 801 South Milwaukee Avenue

City

Libertyville

State

IL

Zip Code

60048-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Condell Medical  
Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 18790470

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Colleen Kannaday, FACHE

Mailing Address 12935 S. Gregory Street

City

Blue Island

State

IL

Zip Code

60406-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate BroMenn Regional  
Medical Cent

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 18790473

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan Nordstrom Lopez

Mailing Address 836 West Wellington Avenue

City

Chicago

State

IL

Zip Code

60657-5147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Illinois Masonic  
Medical Cent

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 18790477

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Montgomery

Mailing Address 1659 Ruth Place

City

Springfield

State

IL

Zip Code

62704-3361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital Sisters Health  
System

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 18790479

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert G Senneff, , FACHE

Mailing Address 210 West Walnut Street

City

Princeton

State

IL

Zip Code

61520-2497

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graham Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 18790482

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Walbert

Mailing Address P O Box 19456

City

Springfield

State

IL

Zip Code

62794-9456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital Sisters Health  
System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 18790485

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maryjane Wurth

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 18790487

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Raymond V Ingham, , Ph.D.

Mailing Address 217 East Drive

City

Lebanon

State

IN

Zip Code

46052-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Witham Health Services

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 18790578

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Packnett

Mailing Address 10125 Silver Lake Ct.

City

Fort Wayne

State

IN

Zip Code

46825-7252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parkview Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	1	0

Transaction ID: 18790589

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Pete Gallagher

Mailing Address Box 27184

City

Richmond

State

VA

Zip Code

23261-7184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bon Secours-Richmond Comm-  
unity Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: 18793061

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Donald Jansen, M.D.

Mailing Address 118 Jenny Court

City

Strasburg

State

VA

Zip Code

22657-3789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shenandoah Memorial Hospi-  
tal

Occupation

Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: 18793062

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Howard P Kern

Mailing Address 6015 Poplar Hall Drive

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Healthcare

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793063

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey M Brannon

Mailing Address 400 North Edwards Street

City

Enterprise

State

AL

Zip Code

36330-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Enterprise

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: 18793066

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jennie R Rhinehart

Mailing Address 805 Friendship Road

City

Tallassee

State

AL

Zip Code

36078-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: 18793067

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey M Fried, , FACHE

Mailing Address 424 Savannah Road

City

Lewes

State

DE

Zip Code

19958-1462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beebe Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: 18793068

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ingo Angermeier, , FACHE

Mailing Address 101 East Wood Street

City

Spartanburg

State

SC

Zip Code

29303-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: 18793069

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Aycock

Mailing Address PO Box 1797

City

Spartanburg

State

SC

Zip Code

29304-1797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

Senior VP &amp; CFO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: 18793070

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Bearden

Mailing Address 1127 Woodburn Road

City

Spartanburg

State

SC

Zip Code

29302-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

VP, Clinical Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793071

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sheila Breitweiser

Mailing Address 695 Fairwinds Road

City

Landrum

State

SC

Zip Code

29356-9077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

VP, Executive Director, Foundation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793072

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dawn P. Corbin

Mailing Address 338 Labahr Ct.

City

Boiling Springs

State

SC

Zip Code

29316-5941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

Director, Medical Staff Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793073

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan Duggar

Mailing Address 487 N. Sweetwater Hills Dr.

City

Moore

State

SC

Zip Code

29369-8605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

VP, Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793074

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Phil Feisal

Mailing Address 119 Mt. Vista Ave

City

Greenville

State

SC

Zip Code

29605-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allen Bennett Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793075

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Flandry

Mailing Address 487 N. Sweetwater Hills Dr.

City

Moore

State

SC

Zip Code

29369-8605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793076

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Judy Hamer

Mailing Address 101 East Wood Street

City

Spartanburg

State

SC

Zip Code

29303-3040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793077

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sara B. Hammond

Mailing Address 221 Huddersfield Drive

City

Simpsonville

State

SC

Zip Code

29681-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

Director, Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793078

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Jane Jennings

Mailing Address 210 Springlake Road

City

Gaffney

State

SC

Zip Code

29340-5662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

Director, Medical Staff Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793079

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Julian Josey

Mailing Address PO Box 4126

City

Spartanburg

State

SC

Zip Code

29305-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

President Spartanburg Radiology Oncolo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793080

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Randall G Nyp

Mailing Address 101 East Wood Street

City

Spartanburg

State

SC

Zip Code

29303-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793081

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Proctor

Mailing Address 238 Nelson Ave.

City

Spartanburg

State

SC

Zip Code

29302-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793082

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Renee Romberger

Mailing Address 5 Kinglet Court

City

Simpsonville

State

SC

Zip Code

29681-7221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793083

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathy Sinclair

Mailing Address 226 N. Lake Emory Dr

City

Inman

State

SC

Zip Code

29349-7256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

VP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793084

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lori T. Winkles

Mailing Address 144 Hawk Creek Drive

City

Spartanburg

State

SC

Zip Code

29301-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

Director of Rehab Wound Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793085

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen A Williams

Mailing Address P O Box 35070

City

Louisville

State

KY

Zip Code

40232-5070

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Norton HealthcareOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793086

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rex A Tungate

Mailing Address 187 Wolford Avenue

City

Liberty

State

KY

Zip Code

42539-3278

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Casey County HospitalOccupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793088

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. E Berton Whitaker, , FACHE

Mailing Address 900 Hospital Drive

City

Madisonville

State

KY

Zip Code

42431-1644

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Regional Medical Center  
of Hopkins CouOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793092

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Greg Kiser

Mailing Address P O Box 769

City

Louisa

State

KY

Zip Code

41230-0769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Three Rivers Medical Cent-  
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793093

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph G Koch

Mailing Address 9 Linville Drive

City

Paris

State

KY

Zip Code

40361-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bourbon Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793095

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Brenzel

Mailing Address 3503 Lakesied Ct

City

Somerset

State

KY

Zip Code

42503-9569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Cumberland Regional  
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793097

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael T. Rust

Mailing Address 937 Woodland Heights Drive

City

Louisville

State

KY

Zip Code

40245-5219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793098

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Juanita Deskins

Mailing Address 198 Cedar Hills Drive

City

Pikeville

State

KY

Zip Code

41501-8704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pikeville Medical Center

Occupation

Assistant Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793100

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David L Gray, , FACHE

Mailing Address 913 North Dixie Avenue

City

Elizabethtown

State

KY

Zip Code

42701-2599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hardin Memorial Hospital

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793101

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Walter May

Mailing Address Post Office Box 1439

City

Pikeville

State

KY

Zip Code

41502-1439

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Pikeville Medical Center

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793110

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John A Johnson

Mailing Address 200 Abraham Flexner Way

City

Louisville

State

KY

Zip Code

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Jewish Hospital & St. Mar-  
y's HealthCare

Occupation

VP and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793117

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce A Klockars, , FACHE

Mailing Address P O Box 7

City

Mount Sterling

State

KY

Zip Code

40353-0007

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Saint Joseph Mount Sterli-  
ng

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	0

Transaction ID: 18793120

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Deborah K Molnar

Mailing Address 14225 Harbour Place

City

Prospect

State

KY

Zip Code

40059-8004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewish Hospital & St. Mar-  
y's HealthCare

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793121

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Charles Black

Mailing Address P O Box 1310

City

Mount Vernon

State

KY

Zip Code

40456-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockcastle Hospital and  
Respiratory Care

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793126

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen A Estes

Mailing Address P O Box 1310

City

Mount Vernon

State

KY

Zip Code

40456-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockcastle Hospital and  
Respiratory Care

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793127

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Carl G Herde

Mailing Address 4007 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Healthcare System

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793128

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tommy J Smith

Mailing Address 4007 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793138

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Chip Peal

Mailing Address 299 King's Daughters Drive

City

Frankfort

State

KY

Zip Code

40601-6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankfort Regional Medical  
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793144

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Susan Stout Tamme, , FACHE

Mailing Address 4000 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Hospital East

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793145

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Gessel

Mailing Address 1850 Bluegrass Avenue

City

Louisville

State

KY

Zip Code

40215-1199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sts. Mary & Elizabeth Hos-  
pital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793146

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Karen Profitt Newman

Mailing Address 4000 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Hospital East

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793147

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James W. Taylor

Mailing Address 803 Poplar Street

City

Murray

State

KY

Zip Code

42071-2467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Murray-Calloway County Ho-  
spital

Occupation

Vice President of Professional Srvc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793148

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James D. Jackson

Mailing Address Post Office Box 668

City

Prestonsburg

State

KY

Zip Code

41653-0668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highlands Regional Medical  
Center

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793150

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack G. Blackwell

Mailing Address 2201 Forest Ave

City

Ashland

State

KY

Zip Code

41101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highlands Regional Medical  
Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793151

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bill Kindred

Mailing Address 111 Old Glasgow Road

City

Edmonton

State

KY

Zip Code

42129-9050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T. J. Samson Community Ho-  
spital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: 18793155

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward Nairn

Mailing Address Highlands Regional Med Ctr  
Box 668

City

Prestonburg

State

KY

Zip Code

41653-0668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highlands Regional Medical  
Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: 18793156

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Vicki A Darnell

Mailing Address 217 South Third Street

City

Danville

State

KY

Zip Code

40422-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ephraim McDowell Regional  
Medical Cent

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: 18793163

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Terry Peeples, , FACHE

Mailing Address P O Box 2400

City

Hopkinsville

State

KY

Zip Code

42241-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jennie Stuart Medical Cen-  
ter

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793164

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Michael W Gough

Mailing Address P O Box 35070

City

Louisville

State

KY

Zip Code

40232-5070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Healthcare

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793165

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John D Harryman

Mailing Address 4001 Dutchmans Lane

City

Louisville

State

KY

Zip Code

40207-4799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Suburban Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793166

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas D Kmetz

Mailing Address 9820 Third Street Road

City

Louisville

State

KY

Zip Code

40272-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Southwest Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793167

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven MacLauchlan

Mailing Address P O Box 17550

City

Louisville

State

KY

Zip Code

40217-0550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Audubon Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793168

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Robert Shaw

Mailing Address 19 Hill River Rd

City

Louisville

State

KY

Zip Code

40207-1191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Healthcare

Occupation  
President Cancer Institute

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793169

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin S Wardell

Mailing Address P O Box 35070

City

Louisville

State

KY

Zip Code

40232-5070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793171

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Tracy E Williams

Mailing Address 234 East Gray Street, Ste. 225

City

Louisville

State

KY

Zip Code

40202-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Healthcare

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793172

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Douglas A. Winkelhake

Mailing Address 8911 Duxbury Road

City

Louisville

State

KY

Zip Code

40242-6910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Suburban Hospital

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793173

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Russell F. Cox

Mailing Address 443 Lightfoot Road

City

Louisville

State

KY

Zip Code

40207-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793176

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen A Williams

Mailing Address P O Box 35070

City

Louisville

State

KY

Zip Code

40232-5070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Healthcare

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793177

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen M. Johnson

Mailing Address PO Box 20007

City

Owensboro

State

KY

Zip Code

42304-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Owensboro Medical Health  
System

Occupation

Dir. Government & Community Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793180

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Nina W Eisner

Mailing Address 3050 Rio Dosa Drive

City

Lexington

State

KY

Zip Code

40509-9990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ridge Behavioral Health  
System

Occupation

Chief Executive Officer and Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793181

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Donahue

Mailing Address 4604 Highway 60 West

City

Morganfield

State

KY

Zip Code

42437-9570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Methodist Hospital Union  
County

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793182

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jean Yates

Mailing Address 1035 Porter Pike Road

City

Bowling Green

State

KY

Zip Code

42103-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highlands Regional Medical  
Center

Occupation

VP, Patient Care Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793186

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. H. Daniel Stafford

Mailing Address 4892 Hunt Rd  
Apt. 401

City State Zip Code  
Blue Ash OH 45242-6964

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Christ Hospital

Occupation  
Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793432

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Loos

Mailing Address 111 Fox Tr

City State Zip Code  
Chargin Falls OH 44022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Hospitals

Occupation  
Chief Medical/Surgical Svcs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793518

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code  
Upper Arlington OH 43220-4247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ohio Hospital Association

Occupation  
Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793526

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Engler, PhD

Mailing Address 323 Pebble Creek Drive

City

Dublin

State

OH

Zip Code

43017-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

VP, Quality Institute

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793527

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City

Granville

State

OH

Zip Code

43023-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793528

Amount of Each Receipt this Period

650.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary L. Gallagher

Mailing Address 155 East Broad Street,  
15th Floor

City

Columbus

State

OH

Zip Code

43215-3609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793529

Amount of Each Receipt this Period

262.50

**SUBTOTAL** of Receipts This Page (optional) .....

1412.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Bridget A. Gargan

Mailing Address 54 West Weisheimer Road

City

Columbus

State

OH

Zip Code

43214-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Vice President, State Policy & Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793530

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kimberly A. Keiser

Mailing Address 2237 Bryden Road

City

Bexley

State

OH

Zip Code

43209-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793531

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary M. Yost

Mailing Address 924 Riva Ridge Boulevard

City

Gahanna

State

OH

Zip Code

43230-3825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793536

Amount of Each Receipt this Period

262.50

**SUBTOTAL** of Receipts This Page (optional) .....

787.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James R. Castle

Mailing Address 815 Gatehouse Lane

City

Columbus

State

OH

Zip Code

43235-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793538

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph R. Ruggles

Mailing Address 1780 Buck Creek Lane

City

Springfield

State

OH

Zip Code

45502-8800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Vice President, Member Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793540

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rick Sites

Mailing Address 1312 Smalwood Drive

City

Columbus

State

OH

Zip Code

43235-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Staff Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793557

Amount of Each Receipt this Period

175.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stanley R Korducki

Mailing Address 950 West Wooster Street

City

Bowling Green

State

OH

Zip Code

43402-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wood County Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793573

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mina H Ubbing

Mailing Address 401 North Ewing Street

City

Lancaster

State

OH

Zip Code

43130-3372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairfield Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793574

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fred M DeGrandis

Mailing Address 18101 Lorain Avenue

City

Cleveland

State

OH

Zip Code

44111-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cleveland Clinic Health  
System

Occupation  
Chair, Community Physician Partnership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793575

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Claus von Zychlin

Mailing Address 793 West State Street

City

Columbus

State

OH

Zip Code

43222-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Carmel

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793577

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James M Sudimack, MD

Mailing Address 2774 Timber Creek Dr. N

City

Cortland

State

OH

Zip Code

44410-1756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793578

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick J Martin

Mailing Address 272 Benedict Avenue

City

Norwalk

State

OH

Zip Code

44857-2374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fisher-Titus Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793579

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael R Stephens

Mailing Address 4000 Miamisburg-Centerville Rd

City

Miamisburg

State

OH

Zip Code

45342-7615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sycamore Medical Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793580

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan Croushore

Mailing Address 2139 Auburn Avenue

City

Cincinnati

State

OH

Zip Code

45219-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Christ Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793581

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven Allen

Mailing Address 4040 Baughman Grant

City

New Albany

State

OH

Zip Code

43054-8933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nationwide Children's Hos-  
pital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793582

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Melvin H. Fahs

Mailing Address 324 West Arghur Street

City

Hicksville

State

OH

Zip Code

43526-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Memorial Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793584

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward J Roth, III

Mailing Address 2600 Sixth Street SW

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aultman Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793585

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven Garlock

Mailing Address 438 Crossings Dr

City

Westerville

State

OH

Zip Code

43082-6339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grady Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793591

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John S Prout

Mailing Address 375 Dixmyth Avenue

City

Cincinnati

State

OH

Zip Code

45220-2475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793592

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott C Malaney

Mailing Address 1900 South Main Street

City

Findlay

State

OH

Zip Code

45840-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blanchard Valley Health  
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793593

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas F Zenty, III

Mailing Address 11100 Euclid Avenue

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793594

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Cook

Mailing Address 19056 Quail Hollow Drive

City

Strongsville

State

OH

Zip Code

44136-6441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospital

Occupation

Vice President and CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793595

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Fred C Rothstein, M.D.

Mailing Address 1080 W Hill Drive

City

Gates Mills

State

OH

Zip Code

44040-9627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals Case  
Medical Cent

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793602

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Hanson

Mailing Address 12340 Bass Lake Road

City

Chardon

State

OH

Zip Code

44024-8327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals Exte-  
nded Care Cam

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793603

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Alice Annecharico

Mailing Address 234 Goodman Street

City

Cincinnati

State

OH

Zip Code

45219-2364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospital

Occupation

Sr. Vice President and Chief Informati

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793604

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul Tait

Mailing Address 6560 Thorntree Drive

City

Brecksville

State

OH

Zip Code

44141-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals

Occupation

Sr VP, Strategic Planning & Bus Develop

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793605

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Michael A. Szubski

Mailing Address 11100 Euclid Avenue

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals Rich-  
mond Medical

Occupation

Chief Financial Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793606

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Keith E. Maitland

Mailing Address 31415 Tuttle Drive

City

Bay Village

State

OH

Zip Code

44140-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospital

Occupation

President, UH Home Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 18793607

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas R Mullen

Mailing Address 301 St Paul Place

City

Baltimore

State

MD

Zip Code

21202-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: 18793626

Amount of Each Receipt this Period

204.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wayne A. Smith

Mailing Address 1280 South Governors Avenue

City

Dover

State

DE

Zip Code

19904-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Delaware Healthcare Assoc-  
iation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18793662

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

944.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City

Manasquan

State

NJ

Zip Code

08736-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18794492

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City

Robbinsville

State

NJ

Zip Code

08691-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President & General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18794496

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18794502

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John E. Graydon

Mailing Address 93 Matlack Drive

City

Voorhees

State

NJ

Zip Code

08043-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virtua Health

Occupation

Vice President, Managed Care

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	0

Transaction ID: 18794516

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

725.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	0

Transaction ID: 18794522

Amount of Each Receipt this Period

40.83

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

VP Health Economics

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	0

Transaction ID: 18794537

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional) .....

780.83

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Hibbitt

Mailing Address 2800 North Dallas Parkway  
Suite 200

City State Zip Code  
Plano TX 75093-5994

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LHP Hospital Group

Occupation  
Exec. VP & Deputy CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18794871

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jo Lynn Wallace

Mailing Address 3001 Eldorado Drive

City State Zip Code  
Medford OR 97504-8136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Asante Health System

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18794979

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William E Winter

Mailing Address 342 Fairview Street

City State Zip Code  
Silverton OR 97381-1917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Silverton Hospital

Occupation  
Administrative Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18794983

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alan R Yordy

Mailing Address 14432 SE Eastgate Way, Ste 300

City

Bellevue

State

WA

Zip Code

98007-6493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation

President and Chief Mission Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18794984

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Robin Moody

Mailing Address 4000 Kruse Way Place  
Building 2, Suite 100

City

Lake Oswego

State

OR

Zip Code

97035-5545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation

Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18794988

Amount of Each Receipt this Period

34.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter F Rapp

Mailing Address 3181 SW Sam Jackson Park Road

City

Portland

State

OR

Zip Code

97239-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHSU Hospital

Occupation

Vice President and Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18794989

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1034.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Peggy Allen

Mailing Address 18839 Roundtree

City

Oregon City

State

OR

Zip Code

97045-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation

Director of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795003

Amount of Each Receipt this Period

85.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Andrew S. Davidson

Mailing Address 2123 Ridgebrook Drive

City

West Linn

State

OR

Zip Code

97068-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795006

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andy Van Pelt

Mailing Address 4000 Kruse Way Place  
Building 2, Suite 100

City

Lake Oswego

State

OR

Zip Code

97035-5545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation

Director of Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795007

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dennis E Burke

Mailing Address 610 NW 11th Street

City

Hermiston

State

OR

Zip Code

97838-6601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Shepherd Healthcare  
System

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795015

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. George Cioffi, MD.

Mailing Address 3639 NW Thurman

City

Portland

State

OR

Zip Code

97210-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Health System

Occupation  
Chief of Ophthalmology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795019

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Samuel H Turner, Sr.

Mailing Address Box 2923

City

Shawnee Mission

State

KS

Zip Code

66201-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shawnee Mission Medical  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795112

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven B. Poage

Mailing Address 3401 SW Alameda

City

Topeka

State

KS

Zip Code

66614-5109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Hospital Associati-  
on

Occupation

Vice President/CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795114

Amount of Each Receipt this Period

450.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas L. Bell

Mailing Address 4301 NW Valley Road

City

Topeka

State

KS

Zip Code

66618-3445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Hospital Associati-  
on

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.17

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795126

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leslie Lacy

Mailing Address P O Box 547

City

Saint Francis

State

KS

Zip Code

67756-0547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cheyenne County Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795130

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jodi A. Schmidt

Mailing Address 1902 S. U.S. Hwy. 59P.O. Box 956

City State Zip Code  
 Parsons KS 67357-0956

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Labette Health

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795134

Amount of Each Receipt this Period

380.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin P Conlin

Mailing Address 3720 East Bayley

City State Zip Code  
 Wichita KS 67218-3002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Via Christi Health System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795145

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald J Marquette, Jr.

Mailing Address PO BOX 1446

City State Zip Code  
 Coffeyville KS 67337-6746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coffeyville Regional Medi-  
cal Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795204

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

880.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Shelly Dunham

Mailing Address P O Box 489

City

Okeene

State

OK

Zip Code

73763-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Okeene Municipal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	0

Transaction ID: 18795208

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Van Houden

Mailing Address 4631 Country Club

City

Chanute

State

KS

Zip Code

66720-5198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neosho Memorial Regional  
Medical Center

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	0

Transaction ID: 18795212

Amount of Each Receipt this Period

425.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Andrea Easton

Mailing Address 258 Evergreen Road  
#4

City

Lake Oswego

State

OR

Zip Code

97034-3145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Association of Hos-  
pitals & Health

Occupation

Director of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	0

Transaction ID: 18795305

Amount of Each Receipt this Period

43.76

SUBTOTAL of Receipts This Page (optional) .....

489.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Linda Lang

Mailing Address 4000 Kruse Way Place #2-100

City

Lake Oswego

State

OR

Zip Code

97035-2543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation

Director of Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795586

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kelly C Morgan

Mailing Address 2700 Stewart Parkway

City

Roseburg

State

OR

Zip Code

97470-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795595

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mel Pyne

Mailing Address 3333 Riverbend Drive

City

Springfield

State

OR

Zip Code

97477-8800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Medical Cent-  
er at Riverbe

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 18795604

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

870.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan R Bates, , M.D.

Mailing Address 1 Children's Way

City

Little Rock

State

AR

Zip Code

72202-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Children's Hospi-  
tal

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	1	0

Transaction ID: 18795634

Amount of Each Receipt this Period

325.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul Betz

Mailing Address 3024 Stadium Boulevard

City

Jonesboro

State

AR

Zip Code

72401-7415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEA Baptist Memorial Hosp-  
ital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	1	0

Transaction ID: 18795635

Amount of Each Receipt this Period

227.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. Russell D Harrington, , Jr.

Mailing Address 9601 Interstate 630, Exit 7

City

Little Rock

State

AR

Zip Code

72205-7202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	1	0

Transaction ID: 18795637

Amount of Each Receipt this Period

81.43

SUBTOTAL of Receipts This Page (optional) .....

633.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James L Magee

Mailing Address 1206 Gordon Duckworth Drive

City State Zip Code  
Piggott AR 72454-1911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Piggott Community Hospital

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18795639

Amount of Each Receipt this Period

227.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Barry Pipkin

Mailing Address 10301 Maumelle Blvd

City State Zip Code  
North Little Rock AR 72113-6620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rivendell Behavioral Health Services o

Occupation  
Chief Executive Officer and Managing D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18795640

Amount of Each Receipt this Period

227.50

**C.**

Full Name (Last, First, Middle Initial)

Ms. Karen Perdue

Mailing Address 943 West 6th Avenue

City State Zip Code  
Anchorage AK 99501-2033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alaska State Hospital & Nursing Home A

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 1 0

Transaction ID: 18795649

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

955.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher M O'Connor

Mailing Address 1450 Chapel Street

City

New Haven

State

CT

Zip Code

06511-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital of Saint Raphael

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 1 0

Transaction ID: 18799241

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation

Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18799320

Amount of Each Receipt this Period

134.61

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ann Gibson

Mailing Address 2550 University Avenue W.  
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation

Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.85

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18799324

Amount of Each Receipt this Period

94.22

**SUBTOTAL** of Receipts This Page (optional) .....

728.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roger E Green

Mailing Address 559 Capitol Boulevard, 6-South

City

Saint Paul

State

MN

Zip Code

55103-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HealthEast Care System

Occupation

Vice President Strategy, Policy and Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.81

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18799325

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Kreyer

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation

Vice President, Work Force

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18799327

Amount of Each Receipt this Period

76.92

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas O'Connor

Mailing Address 4050 Coon Rapids Boulevard

City

Coon Rapids

State

MN

Zip Code

55433-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18799328

Amount of Each Receipt this Period

25.45

**SUBTOTAL** of Receipts This Page (optional) .....

123.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joe Schindler

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
Senior Director of Data and Finance Po

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.93

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18799330

Amount of Each Receipt this Period

123.97

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Sonneborn

Mailing Address 2550 University Avenue W.

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
Vice President of Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18799332

Amount of Each Receipt this Period

140.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan Stout

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
Director, State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.20

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18799333

Amount of Each Receipt this Period

94.22

**SUBTOTAL** of Receipts This Page (optional) .....

358.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Peggy Westby

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18799336

Amount of Each Receipt this Period

134.61

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City State Zip Code  
Manasquan NJ 08736-4001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800220

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jessica Cohen

Mailing Address 760 Alexander Road

City State Zip Code  
Princeton NJ 08540-6305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800222

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

154.61

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	1	0

Transaction ID: 18800223

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary A. Ditri

Mailing Address 9 Jumping Brook Drive

City

Neptune

State

NJ

Zip Code

07753-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	1	0

Transaction ID: 18800225

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	1	0

Transaction ID: 18800226

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code  
 New Hope PA 18938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation  
Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.01

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800229

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City State Zip Code  
 Pennington NJ 08534-2302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800230

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City State Zip Code  
 Malvern PA 19355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800231

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Keough

Mailing Address 23 Nelson Drive

City

Barnegat

State

NJ

Zip Code

08005-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President, Health Information Mgm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800232

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve E. Krebs

Mailing Address 73 Tindall Rd

City

Robbinsville

State

NJ

Zip Code

08691-2508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Director, Conference Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800233

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800234

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kerry A. McKean-Kelly

Mailing Address 40 Imlaystown Road

City

East Windsor

State

NJ

Zip Code

08520-6209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800235

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Randall J. Minniear

Mailing Address 3901 Worthington Court

City

Freehold

State

NJ

Zip Code

07728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800237

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joann M. Morgano

Mailing Address 7 Cottonwood Drive

City

Lumberton

State

NJ

Zip Code

08048-5297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Director, Marketing & Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800238

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sally Roslow

Mailing Address 21 Sparrow Walk

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

VP Development & Trustee Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800241

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800242

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia A. Sorg

Mailing Address 33 Second Street

City

Hopewell

State

NJ

Zip Code

08525-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Assistant to President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: 18800245

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Davis

Mailing Address 4414 Manchester Court

City

Norman

State

OK

Zip Code

73072-3915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18800251

Amount of Each Receipt this Period

765.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. LaWanna S. Halstead, RN, MPH

Mailing Address 4000 Lincoln Boulevard

City

Oklahoma City

State

OK

Zip Code

73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

VP, Quality & Clinical Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18800253

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Craig W. Jones, FACHE

Mailing Address 1904 Windermere Drive

City

Norman

State

OK

Zip Code

73072-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18800254

Amount of Each Receipt this Period

4125.00

**SUBTOTAL** of Receipts This Page (optional) .....

5140.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rick Snyder

Mailing Address 4000 Lincoln Boulevard

City

Oklahoma City

State

OK

Zip Code

73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

Vice President, Finance &amp; Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18800255

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Pam Wells

Mailing Address 4000 N. Lincoln Blvd.

City

Oklahoma City

State

OK

Zip Code

73105-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

Director of Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18800256

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Winters

Mailing Address 7750 N Chisholm Hill Rd

City

Yukon

State

OK

Zip Code

73099-9134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

VP Education &amp; Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18800257

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

875.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. William H Anderson

Mailing Address P O Box 610

City

Sheffield

State

AL

Zip Code

35660-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Helen Keller Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800259

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sammy Watson

Mailing Address 809 University Boulevard East

City

Tuscaloosa

State

AL

Zip Code

35401-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DCH Health System

Occupation  
Director, Community Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800260

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jana Wyatt

Mailing Address P O Box 1010

City

Opp

State

AL

Zip Code

36467-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mizell Memorial Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800261

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul Kappelman

Mailing Address 4836 Twin Post RD

City

Dallas

State

TX

Zip Code

75244-6942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LHP Hospital Group

Occupation

Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18800262

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William D Jacobsen

Mailing Address 180 Floyd Avenue

City

Rocky Mount

State

VA

Zip Code

24151-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carilion Franklin Memorial  
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800264

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Angela Mannion

Mailing Address 1855 Saint Francix St.

City

Reston

State

VA

Zip Code

20190-6247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inova Health System

Occupation

Senior VP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800265

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Paula L. Bruening

Mailing Address 8745 Baltimore Street

City

Savage

State

MD

Zip Code

20763-9705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Community Hospital

Occupation

Vice President Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800268

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Thomas J Crowley

Mailing Address 2100 Poplar Ridge Road

City

Pasadena

State

MD

Zip Code

21122-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Community Hospital

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800269

Amount of Each Receipt this Period

245.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Philip B Down

Mailing Address 10414 Queensway Drive

City

Ellicott City

State

MD

Zip Code

21042-5869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800270

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

790.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Dennis P Scanlon

Mailing Address 327 Lazywood Court

City

Millersville

State

MD

Zip Code

21108-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Community Hospital

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800271

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul Grenaldo

Mailing Address 14313 Shoreham Dr

City

Silver Spring

State

MD

Zip Code

20905-4481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Community Hospital

Occupation

Chief Operatig Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800272

Amount of Each Receipt this Period

245.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gabriel Jaffe, , M.D.

Mailing Address 8704 Little Patuxent Court

City

Odenton

State

MD

Zip Code

21113-2797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Community Hospital

Occupation

Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800273

Amount of Each Receipt this Period

245.00

**SUBTOTAL** of Receipts This Page (optional) .....

735.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Charlene B. Lundgren

Mailing Address 8699 Guilford Road

City

Columbia

State

MD

Zip Code

21046-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Community Hospital

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800274

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott Gregerson

Mailing Address P.O. Box 147

City

Greenbelt

State

MD

Zip Code

20768-0147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Community Hospital

Occupation

VP, Business Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800275

Amount of Each Receipt this Period

245.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Mike Robertson

Mailing Address P. O. Box 6000

City

Ocala

State

FL

Zip Code

34478-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Munroe Regional Medical  
Center

Occupation

VP Strategic Planning

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800310

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

590.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sally Jackson

Mailing Address 8250 College Parkway  
Suite 103

City State Zip Code  
Fort Myers FL 33919-5199

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lee Memorial Health System

Occupation  
System Director of Community Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800317

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Warren E Jones

Mailing Address 1300 Miccosukee Road

City State Zip Code  
Tallahassee FL 32308-5054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tallahassee Memorial HealthCare

Occupation  
Vice President and Chief Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18800319

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward J. Quinlan

Mailing Address 20 River Run

City State Zip Code  
East Greenwich RI 02818-1502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospital Association of  
Rhode Island

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18800323

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Hospital As-  
sociation

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18800331

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Hospital As-  
sociation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18800332

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory J Walker

Mailing Address 789 Central Avenue

City

Dover

State

NH

Zip Code

03820-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wentworth-Douglass Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18800345

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

463.33

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Frank G McDougall

Mailing Address One Medical Center Drive

City

Lebanon

State

NH

Zip Code

03756-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dartmouth-Hitchcock Medic-  
al Center

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18800348

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Warren K West

Mailing Address 600 Saint Johnsbury Road

City

Littleton

State

NH

Zip Code

03561-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Littleton Regional Hospit-  
al

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18800350

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Claire L Bowen

Mailing Address 243 Elm Street

City

Claremont

State

NH

Zip Code

03743-2099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18800351

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Richard C Lord

Mailing Address 222 Berkeley St

City

Boston

State

MA

Zip Code

02116-3748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Hospital As-  
sociationOccupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18800377

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tim Blasl

Mailing Address 1622 E. Interstate Avenue  
Suite B

City

Bismarck

State

ND

Zip Code

58503-0561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Dakota Hospital Ass-  
ociationOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18800410

Amount of Each Receipt this Period

352.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerry E. Jurena

Mailing Address 1622 E. Interstate Avenue  
Suite B

City

Bismarck

State

ND

Zip Code

58503-0561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Dakota Hospital Ass-  
ociationOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18800411

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

852.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott Kelly

Mailing Address 230 Jackson Creek Drive

City

Jacksonville

State

OR

Zip Code

97530-9792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Asante Health System

Occupation

Vice President Planning & Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18800417

Amount of Each Receipt this Period

175.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Kinyon

Mailing Address 1110 NW Hillside Dr

City

Grants Pass

State

OR

Zip Code

97526-1175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Asante Health System

Occupation

Output Svcs Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18800420

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Earls

Mailing Address 671 Kingwood Drive NW

City

Salem

State

OR

Zip Code

97304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation

Vice President, Finance & Health Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18800421

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randall L. Mee

Mailing Address 1601 Southeast Court Avenue

City

Pendleton

State

OR

Zip Code

97801-3217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Anthony HospitalOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18800422

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Russell

Mailing Address 9670 SE 257 Ave

City

Damascus

State

OR

Zip Code

97089-6353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adventist Medical CenterOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18800423

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Henry D Lipman

Mailing Address 179 Sara Circle

City

Laconia

State

NH

Zip Code

03246-3069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LRGHealthcareOccupation  
Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18800428

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ginny Brown

Mailing Address 7335 East Orchard Road  
Suite 100

City	State	Zip Code
Greenwood Village	CO	80111-2512

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Colorado Hospital Associa-  
tionOccupation  
VP of Legislative & Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18800429

Amount of Each Receipt this Period

140.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Michael J Curran

Mailing Address 3551 Cattail Creek Drive

City	State	Zip Code
Glenwood	MD	21738-9607

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MedStar HealthOccupation  
Executive Vice President and CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18800454

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Oliver M Johnson, II

Mailing Address 14717 Dover Rd

City	State	Zip Code
Reisterstown	MD	21136-3813

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Georgetown University Hos-  
pitalOccupation  
Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18800457

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth A Samet

Mailing Address 8820 Burdette Road

City

Bethesda

State

MD

Zip Code

20817-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MedStar Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18800463

Amount of Each Receipt this Period

510.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Diane S. Schindelar

Mailing Address 2321 Kings Arms Dr

City

Fallston

State

MD

Zip Code

21047-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MedStar Health

Occupation

Vice President, Auxillary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18800464

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Christine Swearingen

Mailing Address 3022 Chestnut Street, NW

City

Washington

State

DC

Zip Code

20015-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MedStar Health

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18800465

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional) .....

1140.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Wagner

Mailing Address 711 E. Timber Branch Parkway

City

Alexandria

State

VA

Zip Code

22302-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MedStar Health

Occupation

Executive Vice President for External

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18800466

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Angle

Mailing Address 1176 Lake Point Cove

City

Pittsgrove

State

NJ

Zip Code

08318-9184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Hospital of Salem  
County

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	1	0

Transaction ID: 18801005

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Senker, Sr., FACHE

Mailing Address 92 Maple Parkway

City

Sparta

State

NJ

Zip Code

07871-2011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newton Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	1	0

Transaction ID: 18801065

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

755.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Raymond P. Vara

Mailing Address 98-1079 Moanalua Road

City

Aiea

State

HI

Zip Code

96701-4713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kapiolani Medical Center  
at Pali Momi

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 1 0

Transaction ID: 18801631

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian Brezosky

Mailing Address Post Office Box 436620

City

Louisville

State

KY

Zip Code

40253-6620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 1 0

Transaction ID: 18802011

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth G. Cobb

Mailing Address P.O. Box 436629

City

Louisville

State

KY

Zip Code

40205-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation

Director of Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 1 0

Transaction ID: 18802012

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional) .....

1450.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kim J. Dees

Mailing Address 2501 Nelson Miller Parkway  
Post Office Box 436629

City	State	Zip Code
Louisville	KY	40223-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tionOccupation  
Executive Dir, Center for Health Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18802014

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Paige Franklin

Mailing Address 404 Kaelin Drive

City	State	Zip Code
Louisville	KY	40207-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tionOccupation  
Vice President, Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18802039

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Nancy C. Galvagni

Mailing Address 2501 Nelson Miller Parkway

City	State	Zip Code
Louisville	KY	40253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tionOccupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18802040

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional) .....

1650.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen P. Miller

Mailing Address 1101 Cardinal Drive

City

Louisville

State

KY

Zip Code

40253-6629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18802043

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sarah S. Nicholson

Mailing Address 2501 Nelson Miller Parkway

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18802073

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Debbie Riley

Mailing Address 502 Trotwood Place

City

Louisville

State

KY

Zip Code

40245-4071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18802075

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional) .....

1650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carol J. Walters

Mailing Address Post Office Box 436629

City

Louisville

State

KY

Zip Code

40253-6629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18802076

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles J. Warnick

Mailing Address 120 Hilltop Meadow

City

Frankfort

State

KY

Zip Code

46001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Hospital East

Occupation

Director of Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18802077

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Eva C. LaBarge

Mailing Address 6434 Sun Flag Ct.

City

Sparks

State

NV

Zip Code

89436-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nevada Hospital Associati-  
on

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 1 0

Transaction ID: 18802585

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Glen Marshall

Mailing Address 300 Elliott Avenue West

City

Seattle

State

WA

Zip Code

98119-4198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kennewick General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18805753

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carol Aaron

Mailing Address 14432 SE Eastgate Way, Suite 300

City

Bellevue

State

WA

Zip Code

98007-6493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation

Senior Vice President, Culture & People

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18805754

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Meta Dooley

Mailing Address 38628 108th Avenue SE

City

Auburn

State

WA

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MultiCare Health System

Occupation

Vice President, Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18805755

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elaine Dunda

Mailing Address 3394 Hampton Way

City

Eugene

State

OR

Zip Code

97401-7085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation

System VP, Quality and Patient Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18805756

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerard Fischer

Mailing Address 5909 West Pima Court

City

Spokane

State

WA

Zip Code

99208-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Sacred Heart  
Medical Center

Occupation

Vice President- Systems Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18805757

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patti Imhoff

Mailing Address 2901 Squalicum Parkway

City

Bellingham

State

WA

Zip Code

98225-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18805758

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Andrew Jacobs

Mailing Address 1100 Ninth Avenue

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Mason Medical Ce-  
nter

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18805759

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jodi Joyce

Mailing Address 2211 NE 139th Street

City

Vancouver

State

WA

Zip Code

98686-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Salmon Creek Hospi-  
tal

Occupation

Vice President Quality and Patient Saf

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18805760

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Schultz

Mailing Address 1035 116th Avenue Northeast

City

Bellevue

State

WA

Zip Code

98004-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Overlake Hospital Medical  
Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18805761

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Donna Smith

Mailing Address P O Box 900

City

Seattle

State

WA

Zip Code

98111-0900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Mason Medical Ce-  
nter

Occupation

Vice President &amp; Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18805762

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Kevin Walstrom

Mailing Address North 5633 Lidgerwood Street

City

Spokane

State

WA

Zip Code

99208-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18805763

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Josiah Johnson

Mailing Address 1615 Delaware Street

City

Longview

State

WA

Zip Code

98632-2394

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18805764

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional) .....

875.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Fletcher

Mailing Address 506 Second Avenue  
Suite 1200

City State Zip Code  
Seattle WA 98104-2343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Providence Health & Services

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18805765

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary Kaplan

Mailing Address 1100 Ninth Avenue

City State Zip Code  
Seattle WA 98101-2799

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Virginia Mason Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18805766

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bob Malte

Mailing Address 12040 NE 128th Street

City State Zip Code  
Kirkland WA 98034-3013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Evergreen Healthcare

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18805767

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Crawford

Mailing Address 700 Forest Drive

City

Frankfort

State

IN

Zip Code

46041-0669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Frankfort Hos-  
pital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18809417

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James L Brexler

Mailing Address 975 East Third Street

City

Chattanooga

State

TN

Zip Code

37403-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erlanger Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18809433

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence Kloess

Mailing Address 110 Winners Circle  
1st Floor

City

Brentwood

State

TN

Zip Code

37027-5070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCA/TriStar Health System

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18809434

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eugene A. Woods

Mailing Address One St. Joseph Drive

City

Lexington

State

KY

Zip Code

40504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Joseph Hospital

Occupation

President & CEO, St. Joseph's System

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 18809441

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lynn Detterman

Mailing Address 3883 SR 162

City

Willard

State

OH

Zip Code

44890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital of Willard

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18812616

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City

Granville

State

OH

Zip Code

43023-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18812617

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara J. Petee

Mailing Address 4621 Beaconsfield Ct.

City

Toledo

State

OH

Zip Code

43623-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ProMedica Health System

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18812618

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey L. Sunshine

Mailing Address 2711 Emerson Dr

City

Pepper Pike

State

OH

Zip Code

44124-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospital

Occupation

VP &amp; Chief Medical Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18812619

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jonathan Archey

Mailing Address 155 East Broad Street

City

Columbus

State

OH

Zip Code

43215-3626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Federal Relations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18812631

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Janet L Miller

Mailing Address 11100 Euclid Avenue

City

Cleveland

State

OH

Zip Code

44106-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18812632

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Farrell

Mailing Address 4009 Red Bud Avenue

City

Cincinnati

State

OH

Zip Code

45229-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospital

Occupation

President, RMBC/MAC Hospital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18812633

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James E. May

Mailing Address 731 Elm Ave.

City

Terrace Park

State

OH

Zip Code

45174-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Health Partners -  
SW Ohio

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18812635

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Heidi L. Gartland

Mailing Address 7604 Andover Way

City

Hudson

State

OH

Zip Code

44236-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals

Occupation

Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18812636

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel W. Griess

Mailing Address 744 W. 16th St

City

Alliance

State

NE

Zip Code

69301-0810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Box Butte General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18817029

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ryan C. Larsen

Mailing Address 925 Reavis Street

City

Falls City

State

NE

Zip Code

68355-3142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18817061

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary A. Perkins

Mailing Address 22621 Homestead Rd

City

Elkhorn

State

NE

Zip Code

68022-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Hospital and  
Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 18817074

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael H. Schnieders

Mailing Address P.O. Box 1990

City

Kearney

State

NE

Zip Code

68848-1990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Hospital

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 18817160

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James J. Sinek

Mailing Address 2000 Elmers Lane

City

Norfolk

State

NE

Zip Code

68701-2076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Faith Regional Health Ser-  
vices

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 18817178

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas L. Bell

Mailing Address 4301 NW Valley Road

City

Topeka

State

KS

Zip Code

66618-3445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Hospital Associati-  
onOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1307.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18818809

Amount of Each Receipt this Period

67.30

**B.**

Full Name (Last, First, Middle Initial)

Mr. Randall R Cason, , FACHE

Mailing Address 1102 East Centennial Drive

City

Pittsburg

State

KS

Zip Code

66762-6643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Via Christi HospitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18818810

Amount of Each Receipt this Period

302.50

**C.**

Full Name (Last, First, Middle Initial)

Ms. Melissa Levy Hungerford

Mailing Address 6448 SW Bayshore Dr

City

Auburn

State

KS

Zip Code

66402-9324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Hospital Associati-  
onOccupation  
Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18818811

Amount of Each Receipt this Period

67.30

SUBTOTAL of Receipts This Page (optional) .....

437.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fred J. Lucky

Mailing Address 14607 W 89

City

Lenexa

State

KS

Zip Code

66215-2967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Hospital Associati-  
on

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.90

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 18818813

Amount of Each Receipt this Period

151.45

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert T. Meling

Mailing Address 13005 Catalina Street

City

Leawood

State

KS

Zip Code

66209-2392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Purchasing Ser-  
vices Corpora

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.69

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 18818814

Amount of Each Receipt this Period

67.31

**C.**

Full Name (Last, First, Middle Initial)

Mr. Blake A Dye

Mailing Address 2805 W. CR 250 S.

City

New Castle

State

IN

Zip Code

47362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry County Hospital

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 18819156

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

718.76

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Spencer L. Grover

Mailing Address 3636 Emily Way

City

Carmel

State

IN

Zip Code

46033-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Hospital Associat-  
ion

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18819157

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Douglas J Leonard

Mailing Address 2574 California Street

City

Columbus

State

IN

Zip Code

47201-3649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Hospital Associat-  
ion

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18819158

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brian Tabor

Mailing Address 10762 Forest Lake Court

City

Indianapolis

State

IN

Zip Code

46278-9610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Hospital Associat-  
ion

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18819159

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David H. Wiesman

Mailing Address 4521 Hickory Grove Blvd.

City

Greenwood

State

IN

Zip Code

46143-7448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Hospital Associat-  
ion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18819160

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Matthew D. Bailey, , FACHE

Mailing Address 665 Ironwood Drive

City

Avon

State

IN

Zip Code

46123-9458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarian West Medical Cent-  
er

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18819161

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vincent C. Caponi

Mailing Address 8166 Darnley Court

City

Indianapolis

State

IN

Zip Code

46260-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Health

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18819162

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bradford W Dykes

Mailing Address 104 Windamere Circle

City

Bedford

State

IN

Zip Code

47421-9604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bedford Regional Medical  
Center

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 18819163

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory W Lintjer

Mailing Address 53308 Monticola Lane

City

Bristol

State

IN

Zip Code

46507-9692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elkhart General Healthcare  
System

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 18819164

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Linda E. White

Mailing Address 5505 Timberlake Court

City

Evansville

State

IN

Zip Code

47710-4134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deaconess Health System

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 18819165

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dennis W Dawes, , FACHE

Mailing Address 36 Brandywine Court

City

Brownsburg

State

IN

Zip Code

46112-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hendricks Regional HealthOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18819166

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Katherine Humphreys

Mailing Address 502 N. Ironwood Drive

City

South Bend

State

IN

Zip Code

46615-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent HealthOccupation  
Senior VP Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 18819168

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Trent Green

Mailing Address 2211 Northeast 139th Street

City

Vancouver

State

WA

Zip Code

98686-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Health SystemOccupation  
Senior VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18819260

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. George J Brown, M.D.

Mailing Address 1919 NW Lovejoy Street

City

Portland

State

OR

Zip Code

97209-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Salmon Creek Hospi-  
tal

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18819665

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sonja Steves

Mailing Address 19300 SW 65th Avenue

City

Portland

State

OR

Zip Code

97062-9741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Salmon Creek Hospi-  
tal

Occupation

Vice President Human Resources and Mar

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18819672

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Daniel E Baker

Mailing Address 800 NE Glen Oak Avenue

City

Peoria

State

IL

Zip Code

61603-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSF Healthcare System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824269

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Robert Christie

Mailing Address 211 East Ontario Street  
Suite 1750

City State Zip Code  
Chicago IL 60611-3245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwestern Memorial Hos-  
pital

Occupation  
Vice President, External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824271

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brad Copple

Mailing Address 11 East Pleasant Avenue

City State Zip Code  
Sandwich IL 60548-1100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Valley West Community Hos-  
pital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824272

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dean M Harrison

Mailing Address 251 East Huron Street

City State Zip Code  
Chicago IL 60611-2908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwestern Memorial Hos-  
pital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824287

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Janney

Mailing Address 1620 Meadow Lane

City

Glenview

State

IL

Zip Code

60025-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Memorial Hos-  
pital

Occupation

Sr. VP/Chief Nurse Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824289

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dennis Murphy

Mailing Address 48 Royal Vale Drive

City

Oak Brook

State

IL

Zip Code

60523-1643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Memorial Hos-  
pital

Occupation

Director, Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824291

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Murphy

Mailing Address 355 Ridge Ave

City

Evanston

State

IL

Zip Code

60202-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Francis Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824292

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark R Neaman

Mailing Address 1301 Central Street

City

Evanston

State

IL

Zip Code

60201-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NorthShore University HealthSystem

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824293

Amount of Each Receipt this Period

800.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry P Schumacher, , R.N.

Mailing Address 2024 S Illini Rdt

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital Sisters Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824297

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott A. Ziomek

Mailing Address 211 E. Ontario Street  
Suite 1750

City

Chicago

State

IL

Zip Code

60611-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Memorial Hospital

Occupation

Director, External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824300

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

2400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Maureen Nugent

Mailing Address 1586 Regatta Lane

City

Reston

State

VA

Zip Code

20194-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inova Health System

Occupation

Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 18824315

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Adams

Mailing Address 1045 Ashland Place

City

Lynchburg

State

VA

Zip Code

24503-2533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centra Lynchburg General  
Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 18824316

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Richard Banta, Sr

Mailing Address 18 Buck Branch Road

City

Richmond

State

VA

Zip Code

23238-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bon Secours-Richmond Comm-  
unity Hospita

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 18824317

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr David Boim

Mailing Address 13750 Elmstead Road

City

Midlothian

State

VA

Zip Code

23113-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bon Secours-Richmond Comm-  
unity Hospital

Occupation

Vice President Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 18824318

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr C Stephen Francis

Mailing Address 3615 Apple Pie Ridge Rd

City

Winchester

State

VA

Zip Code

22603-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shenandoah Memorial Hospi-  
tal

Occupation

Director Rehab Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 18824319

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Melissa Smith

Mailing Address 11325 Bright Pond Lane

City

Reston

State

VA

Zip Code

20194-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mary Washington Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 18824320

Amount of Each Receipt this Period

339.58

**SUBTOTAL** of Receipts This Page (optional) .....

989.58

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alice Ackerman, MD

Mailing Address 3905 Piney Ridge RD

City

Roanoke

State

VA

Zip Code

24033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carilion Clinic

Occupation

Department Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: 18824321

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Mark Lawrence

Mailing Address 2509 Nottingham Road, SE

City

Roanoke

State

VA

Zip Code

24014-3409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carilion Clinic

Occupation

VP, Governmental and External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: 18824322

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Norman F Stephens

Mailing Address 651 Memorial Drive

City

Pocatello

State

ID

Zip Code

83201-4071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Portneuf Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18824347

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Tom Legel

Mailing Address 2003 Lincoln Way

City

Coeur D' Alene

State

ID

Zip Code

83814-2677

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Kootenai Medical Center

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18824348

Amount of Each Receipt this Period

288.10

**B.**

Full Name (Last, First, Middle Initial)

Ms. Toni Lawson

Mailing Address P.O. Box 1278

City

Boise

State

ID

Zip Code

83701-1278

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Idaho Hospital Association

Occupation

Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18824349

Amount of Each Receipt this Period

401.20

**C.**

Full Name (Last, First, Middle Initial)

Ms Janie G Nirk

Mailing Address 1010 S. Brincken Rd

City

Potlatch

State

ID

Zip Code

83855-9764

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Gritman Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18824357

Amount of Each Receipt this Period

35.50

**SUBTOTAL** of Receipts This Page (optional) .....

724.80

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Robin Woods

Mailing Address 615 Moore St.

City

Moscow

State

ID

Zip Code

83843-3255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gritman Medical Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18824358

Amount of Each Receipt this Period

35.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. BJ Swanson

Mailing Address 1121 Lamb Road

City

Troy

State

ID

Zip Code

83871-9619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gritman Medical Center

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18824362

Amount of Each Receipt this Period

153.10

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carl Hanson

Mailing Address 1224 Eighth Street

City

Rupert

State

ID

Zip Code

83350-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minidoka Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

Transaction ID: 18824364

Amount of Each Receipt this Period

372.40

SUBTOTAL of Receipts This Page (optional) .....

561.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Craig A Johnson

Mailing Address 6640 Kaniksu Street

City

Bonnors Ferry

State

ID

Zip Code

83805-7532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boundary Community Hospital

Occupation

Chief Executive Officer and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.10

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824366

Amount of Each Receipt this Period

113.10

**B.**

Full Name (Last, First, Middle Initial)

Mr Dan Cochran

Mailing Address 98 Poplar Street

City

Blackfoot

State

ID

Zip Code

83221-1799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bingham Memorial Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824367

Amount of Each Receipt this Period

206.20

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dan Keller

Mailing Address 194 E Valley View Dr

City

Preston

State

ID

Zip Code

83263-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Franklin County Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824368

Amount of Each Receipt this Period

392.40

**SUBTOTAL** of Receipts This Page (optional) .....

711.70

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeff Daniels

Mailing Address 98 Poplar Street

City

Blackfoot

State

ID

Zip Code

83221-1758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bingham Memorial Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.20

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824381

Amount of Each Receipt this Period

226.20

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph E Morris

Mailing Address 2003 Lincoln Way

City

Coeur D Alene

State

ID

Zip Code

83814-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kootenai Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824386

Amount of Each Receipt this Period

246.20

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph P Caroselli

Mailing Address P O Box 1100

City

Boise

State

ID

Zip Code

83701-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elks Rehab Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.10

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824389

Amount of Each Receipt this Period

113.10

**SUBTOTAL** of Receipts This Page (optional) .....

585.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Margaret Soulen Hinson

Mailing Address 1824 Jones Road

City

Weiser

State

ID

Zip Code

83672-5536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weiser Memorial Hospital

Occupation

Chairman, Board of Trustees

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.10

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824396

Amount of Each Receipt this Period

113.10

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott Davis

Mailing Address 3524 Catalina Ave

City

Caldwell

State

ID

Zip Code

83605-6717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Valley Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.40

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824397

Amount of Each Receipt this Period

392.40

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven A. Millard

Mailing Address 2268 E. Shalimar Dr

City

Eagle

State

ID

Zip Code

83616-6608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Idaho Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.10

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: 18824406

Amount of Each Receipt this Period

113.10

**SUBTOTAL** of Receipts This Page (optional) .....

618.60

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Winston Yeast

Mailing Address PO Box 574

City

McCall

State

ID

Zip Code

83638-0574

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
McCall Memorial HospitalOccupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18824410

Amount of Each Receipt this Period

339.30

**B.**

Full Name (Last, First, Middle Initial)

Mr. John H Tobin

Mailing Address 64 Robbins Street

City

Waterbury

State

CT

Zip Code

06708-2600

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Waterbury HospitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	1	0

Transaction ID: 18885940

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**Refund(s) on Schedule B  
Totaling \$500.00 This changes  
the YTD Total to \$50-  
0.00**C.**

Full Name (Last, First, Middle Initial)

Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City

Alexandria

State

VA

Zip Code

22301-1216

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: PR1034595124682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**SUBTOTAL** of Receipts This Page (optional) .....

379.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1045726224682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Schulke

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
VP Research Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1057462124682

Amount of Each Receipt this Period

117.70

P/R Deduction (\$58.82 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sarah Berk

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1082532724682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

225.70

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR1113464224682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Allen

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR1118928224682

Amount of Each Receipt this Period

41.30

P/R Deduction (\$20.58 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR1260472924682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

97.30

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Baskett

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR1332167424682

Amount of Each Receipt this Period

31.82

P/R Deduction (\$15.91 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President Account Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR1347703424682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President &amp; CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR1347703624682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

111.82

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR1347791024682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. John Slotman

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR1384065324682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Sharon Allen

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Membership and Marketing Manager ASHHR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR1474886224682

Amount of Each Receipt this Period

35.00

P/R Deduction (\$17.50 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

103.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

National Director Sponsorship and Under

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1475133724682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Stephanie H. Drake

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1492459924682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Monica D Day

Mailing Address 10224 Prince Place #205

City

Largo

State

MD

Zip Code

20774-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1516850624682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elisa Arespacochaga

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1555656224682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Clinton S. Manning

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Asst. Director Advocacy & Member Commu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1555656524682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kathy Poole

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1589439924682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

84.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Kehoe

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Publisher Vertical Magazines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.07

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1625368324682

Amount of Each Receipt this Period

33.34

P/R Deduction (\$16.67 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kelly Redmond

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1625588824682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.07

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1648726624682

Amount of Each Receipt this Period

33.34

P/R Deduction (\$16.67 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

94.68

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Grabert

Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR1671258624682

Amount of Each Receipt this Period

91.00

P/R Deduction (\$45.45 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr Robert P. David

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR1677512424682

Amount of Each Receipt this Period

91.00

P/R Deduction (\$45.45 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR327629124682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

262.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327745924682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327771624682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327777224682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

148.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Vice President, Member Relations

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR32777824682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Executive Vice President

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327801724682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Chief Executive Officer, AONE & Sr. Vi

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327812024682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327831724682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327846224682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327851924682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327858024682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327877824682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court  
#3002

City State Zip Code  
Chicago IL 60602-4750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327895724682

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Eileen M. Collins Offner

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327906124682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Judy Williams

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Director Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR327918924682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR328132824682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

136.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorschach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR328136924682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR328174924682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR328223824682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

188.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City  
EagleState  
IDZip Code  
83616-5369FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR328241424682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City  
ArlingtonState  
VAZip Code  
22207-4446FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR328260924682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW  
Suite 700City  
WashingtonState  
DCZip Code  
20004-2818FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR328341824682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR328490124682

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code  
Yardley PA 19067-5736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR328511824682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City State Zip Code  
Arlington VA 22205-2726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR328512024682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. George Arges

Mailing Address One North Franklin St.

City State Zip Code  
 Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Senior Director, Health Data Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: PR328641124682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City State Zip Code  
 Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
President & CEO, AHA Solutions, Inc. &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: PR328913324682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code  
 Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
SPSA Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: PR329013424682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR329071324682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR329084424682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR329215724682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR329342624682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR329654224682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR330343324682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

96.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR330411624682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR330465224682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR330475424682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

148.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR330547724682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR330549224682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR331098324682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR331278824682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR331304224682

Amount of Each Receipt this Period

106.71

P/R Deduction (\$53.33 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR331379124682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

162.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR331386924682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alex R. White, Sr.

Mailing Address 6225 US Hwy 290 E

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
AHA Regional Executive for TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR331416024682

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Woodin Dale

Mailing Address 800 W. Central Road

City State Zip Code  
Arlington Heights IL 60005-2349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Executive Director, ASHE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR331481324682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

176.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR331533224682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR346168124682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR517619724682

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR518031924682

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR560101524682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR566280924682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

128.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR766023724682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR801366324682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR876637224682

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer Armstrong Gay

Mailing Address 10702 Benning Way

City

Spotsylvania

State

VA

Zip Code

22551-4670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director Communication Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR928186524682

Amount of Each Receipt this Period

31.82

P/R Deduction (\$15.91 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR936292324682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director Quality Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR939603924682

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

87.82

**TOTAL** This Period (last page this line number only) .....

162769.02

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 208

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing  
federal political committee.**C**

C00301325

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

116812.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	1	0

Transaction ID: 18793430

Amount of Each Receipt this Period

22012.00

**B.**

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City

Madison

State

WI

Zip Code

53725-9038

FEC ID number of contributing  
federal political committee.**C**

C00359455

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10582.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	1	0

Transaction ID: 18793616

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing  
federal political committee.**C**

C00237495

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

145000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	1	0

Transaction ID: 18795042

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

32612.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 208

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing  
federal political committee.

**C**

C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

82500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: 18795579

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing  
federal political committee.

**C**

C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 18799422

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue  
Suite 900

City

Phoenix

State

AZ

Zip Code

85012

FEC ID number of contributing  
federal political committee.

**C**

C00217687

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 1 0

Transaction ID: 18799434

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

22500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 208

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800City State Zip Code  
Sacramento CA 95814FEC ID number of contributing  
federal political committee.**C** C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	1	0

Transaction ID: 18800258

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code  
Austin TX 78761-5587FEC ID number of contributing  
federal political committee.**C** C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

119740.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	1	0

Transaction ID: 18800376

Amount of Each Receipt this Period

2928.00

**C.**

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800City State Zip Code  
Sacramento CA 95814FEC ID number of contributing  
federal political committee.**C** C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

186000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	1	0

Transaction ID: 18801632

Amount of Each Receipt this Period

21000.00

SUBTOTAL of Receipts This Page (optional) .....

28928.00

TOTAL This Period (last page this line number only) .....

84040.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 208

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
HCA Good Government Fund-Federal PAC

Mailing Address On Park Plaza  
PO Box 550

City State Zip Code  
Nashville TN 37202-0550

FEC ID number of contributing  
federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 1 0

Transaction ID: 18799427

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
TENET Healthcare Corporation Federal PAC (Receipts)

Mailing Address 1445 Ross Avenue  
Suite 1400

City State Zip Code  
Dallas TX 75202

FEC ID number of contributing  
federal political committee. **C** C00119354

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 18816317

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 208

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2175.01

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 18868133

Amount of Each Receipt this Period

89.31

Interest

**B.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2262.84

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 18868134

Amount of Each Receipt this Period

87.83

Interest

**SUBTOTAL** of Receipts This Page (optional) .....

177.14

**TOTAL** This Period (last page this line number only) .....

177.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 188 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Maloney For Congress	<b>Transaction ID:</b> 18790979 <b>Date of Disbursement</b>																				
Mailing Address 49 East 92nd Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City New York State NY Zip Code 10128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void of 7/2010 Contribution	<table border="1"> <tr> <td>-2000.00</td> </tr> </table>	-2000.00																			
-2000.00																					
Candidate Name Rep. Carolyn B. Maloney	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Void of 7/2010 Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Ryan For Congress	<b>Transaction ID:</b> 18790984 <b>Date of Disbursement</b>																				
Mailing Address P. O. Box 1919	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Janesville State WI Zip Code 53547	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void of 5/2010 Contribution	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Rep. Paul D. Ryan	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Void of 5/2010 Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Braley For Congress	<b>Transaction ID:</b> 18790985 <b>Date of Disbursement</b>																				
Mailing Address PO Box 390	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Waterloo State IA Zip Code 50704	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void of 5/6/2010 Contribution	<table border="1"> <tr> <td>-1500.00</td> </tr> </table>	-1500.00																			
-1500.00																					
Candidate Name Rep. Bruce Braley	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Void of 5/6/2010 Contribution																					

**SUBTOTAL** of Disbursements This Page (optional) .....**-4500.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 189 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Rob Andrews U.S. House Committee

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 07076

Purpose of Disbursement  
Void of 3/2009 Contribution

Candidate Name  
Rep. Robert E. Andrews

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18790993

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

-1000.00

Void of 3/2009 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement  
Void of 2/2010 Contribution

Candidate Name  
Rep. Elijah E. Cummings

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 07

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18791417

Date of Disbursement

12 / 10 / 2010

Amount of Each Disbursement this Period

-1000.00

Void of 2/2010 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Tom Rooney For Congress

Mailing Address 2336 S. East Ocean Blvd. #313

City Stuart State FL Zip Code 34996

Purpose of Disbursement  
Void of 11/2009 Contribution

Candidate Name  
Rep. Thomas J. Rooney

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 16

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18791420

Date of Disbursement

12 / 10 / 2010

Amount of Each Disbursement this Period

-2500.00

Void of 11/2009 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

-4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 190 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends of Joe Baca

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Void of 10/2009 ContributionCandidate Name  
Rep. Joseph Baca011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 43

Transaction ID: 18791499

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

-200.00

Void of 10/2009 Contribu-  
tion**B.**

Full Name (Last, First, Middle Initial)

Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement  
Void of 6/2009 ContributionCandidate Name  
Rep. Gwendolynne Moore011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 04

Transaction ID: 18791502

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

-1000.00

Void of 6/2009 Contributi-  
on**C.**

Full Name (Last, First, Middle Initial)

Adam Smith For Congress Committee

Mailing Address PO Box 23626

City Federal Way State WA Zip Code 98093

Purpose of Disbursement  
Void of 6/2009 ContributionCandidate Name  
Rep. D. Adam Smith011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 09

Transaction ID: 18791503

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

-2500.00

Void of 6/2009 Contributi-  
on

SUBTOTAL of Disbursements This Page (optional) ▶

-3700.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 191 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Nadler For Congress	<b>Transaction ID:</b> 18791505 <b>Date of Disbursement</b>																				
Mailing Address Village Station, PO Box 40	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City New York State NY Zip Code 10014	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void of 6/2010 Contribution	<table border="1"> <tr> <td>-2000.00</td> </tr> </table>	-2000.00																			
-2000.00																					
Candidate Name Rep. Jerrold L. Nadler	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 08	Void of 6/2010 Contribution																				
<b>B.</b> Full Name (Last, First, Middle Initial) Schiff For Congress	<b>Transaction ID:</b> 18791687 <b>Date of Disbursement</b>																				
Mailing Address 777 S. Figueroa St. Suite 4050	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Los Angeles State CA Zip Code 90017	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void of 6/2009 Contribution	<table border="1"> <tr> <td>-2000.00</td> </tr> </table>	-2000.00																			
-2000.00																					
Candidate Name Rep. Adam B. Schiff	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 29	Void of 6/2009 Contribution																				
<b>C.</b> Full Name (Last, First, Middle Initial) Lucille Roybal-Allard For Congress	<b>Transaction ID:</b> 18791691 <b>Date of Disbursement</b>																				
Mailing Address 6 E Street, Se	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void of 6/2009 Contribution	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Rep. Lucille Roybal-Allard	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 34	Void of 6/2009 Contribution																				

**SUBTOTAL** of Disbursements This Page (optional) .....**-5000.00****TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 192 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Earl Pomeroy For Congress

Mailing Address Post Office Box 9336

City  
FargoState  
NDZip Code  
58106Purpose of Disbursement  
Void of 6/2009 ContributionCandidate Name  
Rep. Earl Pomeroy011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 18791693

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	1	0

Amount of Each Disbursement this Period

-1000.00

Void of 6/2009 Contributi-  
on**B.**

Full Name (Last, First, Middle Initial)

Brady For Congress

Mailing Address P.O. Box 8277

City  
The WoodlandsState  
TXZip Code  
77387Purpose of Disbursement  
Void of 3/2009 ContributionCandidate Name  
Rep. Kevin Patrick Brady011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Transaction ID: 18791694

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	1	0

Amount of Each Disbursement this Period

-1000.00

Void of 3/2009 Contributi-  
on**C.**

Full Name (Last, First, Middle Initial)

Klein For Congress

Mailing Address 21301 Powerline Road, Suite 204

City  
Boca RatonState  
FLZip Code  
33433Purpose of Disbursement  
Void of 3/2009 ContributionCandidate Name  
Rep. Ronald Klein011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 18791760

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	1	0

Amount of Each Disbursement this Period

-1000.00

Void of 3/2009 Contributi-  
on

SUBTOTAL of Disbursements This Page (optional) .....

-3000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 193 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Perriello For Congress	<b>Transaction ID:</b> 18791761 <b>Date of Disbursement</b>																				
Mailing Address PO Box 306	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Ivy State VA Zip Code 22945	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void of 2/2009 Contribution	<table border="1"> <tr> <td colspan="10">-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Rep. Thomas Stuart Price Perriello	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void of 2/2009 Contribution																				
<b>B.</b> Full Name (Last, First, Middle Initial) BADGERPAC	<b>Transaction ID:</b> 18791763 <b>Date of Disbursement</b>																				
Mailing Address 38 Ivy Street, S.E.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Washington State DC Zip Code	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void of 2/2009 Contribution	<table border="1"> <tr> <td colspan="10">-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name BADGERPAC	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void of 2/2009 Contribution																				
<b>C.</b> Full Name (Last, First, Middle Initial) Anna Eshoo For Congress	<b>Transaction ID:</b> 18791764 <b>Date of Disbursement</b>																				
Mailing Address 555 Capitol Mall, Suite 1425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Sacramento State CA Zip Code 95814	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void of 2/2009 Contribution	<table border="1"> <tr> <td colspan="10">-1500.00</td> </tr> </table>	-1500.00																			
-1500.00																					
Candidate Name Rep. Anna G. Eshoo	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void of 2/2009 Contribution																				

SUBTOTAL of Disbursements This Page (optional) .....

-3500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 194 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Evan Bayh Committee	<b>Transaction ID:</b> 18791766 <b>Date of Disbursement</b>																				
Mailing Address 850 Fort Wayne Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void of 1/2009 Contribution	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Sen. Evan Bayh	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void of 1/2009 Contribution																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kansans For Huelskamp	<b>Transaction ID:</b> 18791835 <b>Date of Disbursement</b>																				
Mailing Address PO Box 410	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Fowler State KS Zip Code 67844	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void of 11/2010 Contribution	<table border="1"> <tr> <td>-2000.00</td> </tr> </table>	-2000.00																			
-2000.00																					
Candidate Name Mr. Timothy Huelskamp	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re																				
<b>C.</b> Full Name (Last, First, Middle Initial) Vern Buchanan For Congress	<b>Transaction ID:</b> 18793608 <b>Date of Disbursement</b>																				
Mailing Address P. O. Box 48928	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
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1	2		0	9		2	0	1	0												
City Sarasota State FL Zip Code 34230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void of 9/2010 Contribution	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Rep. Vern Buchanan	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void of 9/2010 Contribution																				

SUBTOTAL of Disbursements This Page (optional) .....

-4000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 195 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Citizens To Elect Phil Roe To Congress

Mailing Address PO Box 3218

City Johnson City State TN Zip Code 37602

Purpose of Disbursement  
Void of 10/2010 ContributionCandidate Name  
Rep. David Roe011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 01

Transaction ID: 18793609

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

-1000.00

Void of 10/2010 Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Kerry for SenateMailing Address 10 G Street NE  
Suite 710

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2014 ContributionCandidate Name  
Sen. John F. Kerry011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

Transaction ID: 18819207

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

3000.00

2014 Contribution

**C.** Full Name (Last, First, Middle Initial)  
McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
2014 ContributionCandidate Name  
Sen. Mitch McConnell011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: 18819217

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 196 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City  
SarasotaState  
FLZip Code  
34230Purpose of Disbursement  
ContributionCandidate Name  
Rep. Vern Buchanan011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: 18819218

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Chris Gibson For Congress

Mailing Address PO Box 247

City  
KinderhookState  
NYZip Code  
12106Purpose of Disbursement  
ContributionCandidate Name  
Mr. Chris Gibson011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: NY District: 20

2010 General Debt Re

Transaction ID: 18819219

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Amount of Each Disbursement this Period

2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Freedom Fund

Mailing Address 128 N. Columbus Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
2010 ContributionCandidate Name  
Freedom Fund011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 18819223

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

1500.00

2010 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 197 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of John Barrasso Mailing Address PO Box 52008	<b>Transaction ID:</b> 18819226 <b>Date of Disbursement</b> <div> <div>12</div> <div>01</div> <div>2010</div> </div>
City Casper State WY Zip Code 82605 Purpose of Disbursement Contribution Candidate Name Sen. John A. Barrasso, MD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District:	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Cicilline Committee Mailing Address 102 Waterman St, Suite 2 City Providence State RI Zip Code 02906 Purpose of Disbursement Contribution Candidate Name Rep. David Cicilline Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: RI District: 01 2010 General Debt Re	<b>Transaction ID:</b> 18819228 <b>Date of Disbursement</b> <div> <div>12</div> <div>01</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <b>Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Richmond For Congress Mailing Address 1631 Elysian Fields Suite 150 City New Orleans State LA Zip Code 70126 Purpose of Disbursement Contribution Candidate Name Mr. Cedric Richmond Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: LA District: 02 2010 General Debt Re	<b>Transaction ID:</b> 18819234 <b>Date of Disbursement</b> <div> <div>12</div> <div>01</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4000.00</div> <b>Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 198 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Terri Sewell For Congress	<b>Transaction ID:</b> 18819235 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 1964	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	1	0												
City Birmingham State AL Zip Code 35201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Ms. Terri Sewell	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Chris Gibson For Congress	<b>Transaction ID:</b> 18819236 <b>Date of Disbursement</b>																				
Mailing Address PO Box 247	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	1	0												
City Kinderhook State NY Zip Code 12106	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Mr. Chris Gibson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Denali Leadership PAC	<b>Transaction ID:</b> 18819239 <b>Date of Disbursement</b>																				
Mailing Address 16158 Essex Park Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	1	0												
City Anchorage State AK Zip Code 99516	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Denali Leadership PAC	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
2010 Contribution																					

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 199 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Nelson 2012

Mailing Address PO Box 8666

City  
OmahaState  
NEZip Code  
68108Purpose of Disbursement  
ContributionCandidate Name  
Sen. Ben Nelson011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District:

Transaction ID: 18819240

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ron Johnson For Senate Inc

Mailing Address 601 Oregon Street Suite A

City  
OshkoshState  
WIZip Code  
54902Purpose of Disbursement  
ContributionCandidate Name  
Hon. Ronald Harold Johnson011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: WI District:

2010 General Debt Re

Transaction ID: 18819270

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kansans For Huelskamp

Mailing Address PO Box 410

City  
FowlerState  
KSZip Code  
67844Purpose of Disbursement  
ContributionCandidate Name  
Mr. Timothy Huelskamp011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: KS District: 01

2010 Primary Debt Re

Transaction ID: 18819271

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	1	0

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 200 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Marco Rubio For Us Senate

Mailing Address 2030 South Douglas Road Suite 105

City State Zip Code  
Coral Gables FL 33134Purpose of Disbursement  
ContributionCandidate Name  
Mr. Marco RubioOffice Sought: ☐ House  
☒ Senate  
☐ President

State: FL District:

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

2010 General Debt Re

Transaction ID: 18819444

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Long Leaf Pine PAC

Mailing Address 607 14TH Street, NW  
Suite 800City State Zip Code  
Washington DC 20005Purpose of Disbursement  
2010 ContributionCandidate Name  
Long Leaf Pine PACOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 18819491

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	1	0

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2010 Contribution

**C.**

Full Name (Last, First, Middle Initial)

Wu For Congress

Mailing Address 818 Sw Third Ave., #1182

City State Zip Code  
Portland OR 97204Purpose of Disbursement  
ContributionCandidate Name  
Rep. David WuOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OR District: 01

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

2010 General Debt Re

Transaction ID: 18819577

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 201 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott Rigell For Congress

Mailing Address 915 First Colonial Road  
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement  
ContributionCandidate Name  
Hon. Edward Scott RigellOffice Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 02

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

2010 General Debt Re

Transaction ID: 18819624

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Hurt For Congress

Mailing Address PO Box 2

City Chatham State VA Zip Code 24531

Purpose of Disbursement  
ContributionCandidate Name  
Mr. Robert HurtOffice Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 05

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

2010 General Debt Re

Transaction ID: 18819626

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Bass Victory Committee

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement  
ContributionCandidate Name  
Mr. Charles BassOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NH District: 02

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 18819627

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00									
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Contribution

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 202 / 208

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Frank Giunta Mailing Address P.O. Box 877	<b>Transaction ID:</b> 18819629 <b>Date of Disbursement</b> <div> <div>12</div> <div>14</div> <div>2010</div> </div>
City Manchester State NH Zip Code 03105 Purpose of Disbursement Contribution Candidate Name Mr. Frank Giunta Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: NH District: 01 2010 General Debt Re	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <b>Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Walz For Us Congress Mailing Address PO Box 938 City Mankato State MN Zip Code 56002 Purpose of Disbursement Contribution Candidate Name Rep. Timothy J. Walz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MN District: 01 2010 General Debt Re	<b>Transaction ID:</b> 18819631 <b>Date of Disbursement</b> <div> <div>12</div> <div>14</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <b>Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) LoBiondo For Congress Mailing Address P.O. Box 550 City Vineland State NJ Zip Code 08362 Purpose of Disbursement Contribution Candidate Name Rep. Frank A. LoBiondo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 02	<b>Transaction ID:</b> 18824192 <b>Date of Disbursement</b> <div> <div>12</div> <div>20</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <b>Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**6500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 203 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

IMPACT

Mailing Address 509 Madison Ave.  
Suite 1902

City State Zip Code  
New York NY 10022

Purpose of Disbursement  
2010 Contribution

Candidate Name  
IMPACT

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 18824193

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

2010 Contribution

**B.**

Full Name (Last, First, Middle Initial)

Boswell For Congress

Mailing Address PO Box 6220

City State Zip Code  
Des Moines IA 50309

Purpose of Disbursement  
Void of 9/10 Contribution

Candidate Name  
Rep. Leonard L. Boswell

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IA District: 03

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 18828229

Date of Disbursement

12 / 17 / 2010

Amount of Each Disbursement this Period

-2000.00

Void of 9/10 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

-1000.00

TOTAL This Period (last page this line number only) .....

15300.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John H Tobin

Mailing Address 64 Robbins Street

City  
Waterbury

State  
CT

Zip Code  
06708-2600

Purpose of Disbursement  
Refund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 18799319

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2010

Amount of Each Disbursement this Period

500.00

Refund

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 205 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Tim Bishop For Congress

Mailing Address PO Box 437

City  
Farmingville

State  
NY

Zip Code  
11738

Purpose of Disbursement  
Recount Donation

Candidate Name  
Rep. Timothy Bishop

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 01

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 18819212

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Recount Donation

**B.**

Full Name (Last, First, Middle Initial)

U.S. Treasury

Mailing Address P.O. Box 2188

City  
Parkersburg

State  
WV

Zip Code  
26106-2188

Purpose of Disbursement  
Disgorgement of State Dated Refund

Candidate Name

**008**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 18870814

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Disgorgement of State Dated Refund

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

2500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 206 / 208

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001	<b>Transaction ID:</b> 18868127 <b>Date of Disbursement</b> <div> <div>12</div> <div>01</div> <div>2010</div> </div>
City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>4.95</div> Merchant Fees
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001 City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> 18868128 <b>Date of Disbursement</b> <div> <div>12</div> <div>06</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>60.13</div> Merchant Fees
<b>C.</b> Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> 18868130 <b>Date of Disbursement</b> <div> <div>12</div> <div>03</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>177.35</div> Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional) .....

**242.43**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 207 / 208

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Paymentech

Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 18868131

Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

18.65

Merchant Fees

**B.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 18868132

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

9.82

Bank Fee

**SUBTOTAL** of Disbursements This Page (optional) .....

28.47

**TOTAL** This Period (last page this line number only) .....

270.90

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 208 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Bricker & Eckler PAC

Mailing Address 100 South Third Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement  
Void of 7/06 Check, See Line 29

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 18872444

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2010

Amount of Each Disbursement this Period

-500.00

Void of 7/06 Check, See  
Line 29

SUBTOTAL of Disbursements This Page (optional) .....

-500.00

TOTAL This Period (last page this line number only) .....

-500.00